

**Appendix E:
Narrative - Single Fire
Service Provider
Alternative**

Narrative: Single Fire Service Provider Alternative

1. Name of the proposed lead agency:

Kent Fire or Federal Way Fire will serve as the lead agency for ALS services in south King County if the other Department is not able to.

2. List the medic units that will be managed by the lead agency.

Kent Fire or Federal Way Fire will manage:

- Medic 4
- Medic 5
- Medic 6
- Medic 7
- Medic 8
- Medic 11
- Medic 12

3. What geographic areas do these medic units cover?

The Medic units will cover all of south King County, also known as Fire Zone 3, as they currently do. The medic units will be operated through the King County Agency Services Contract-Emergency Medical Services. The following table includes a list of the agencies within Zone 3:

- Kent Fire
- Renton Fire
- K.C.F.D. #20 Skyway
- K.C.F.D. #40
- Maple Valley Fire and Life Safety
- K.C.F.D. #47
- Mountain View Fire and Life Safety
- Black Diamond Fire Department
- Enumclaw Fire Department
- Federal Way Fire
- Auburn Fire
- Tukwila Fire
- North Highline Fire
- Burien Fire
- Des Moines Fire
- SeaTac Fire
- Port of Seattle (contracts for service)
- Pacific Fire

4. List other departments/districts participating as partners.

All fire agencies in south King County will be invited to participate in the governance structure (see below).

5. Describe the proposed form of governance if more than one fire department/service is involved. How will policy decisions be made? Who will participate in them? What will be the role(s) of participating agencies (e.g. advising or governing)? What types of policy questions will be addressed?

The proposed form of governance is a Policy/Governing Board made up of the lead agency and other member fire departments whose jurisdictions have agreed to share in costs if there is a shortfall in levy dollars over the course of the levy. The Policy/Governing Board will make policy decisions, which are not governed by the King County ALS contract and will be consulted by the lead agency on any significant operational issues. Firefighters of the member agencies will be eligible to apply for vacant paramedic positions.

If the majority of area fire departments participate, this Policy/Governing Board could be based on, or an expansion of, the role of the Zone 3 chiefs, which currently meet as a group and decision making body on a regular basis.

Policy areas, which would be under the Policy/Governing Board's purview, would include:

Budget

- Allocation of EMS/ALS levy funds
- Additional budget for cost-sharing or ALS program enhancements
- Recommendation of financial commitments to elected bodies
- Cost-sharing implementation
- Cost-sharing enforcement

Service Delivery

- Monitoring of agreed to performance indicators
- Recommended unit growth to regional ALS partners

Labor

- Changes to the paramedic labor contract which would affect other locals or have significant implications on the allocation of EMS/ALS levy funds
- Paramedic selection process

Planning and Policies

- Mission, goals, and guiding principles
- Planning and continuation of the Consortium
- Short and long-term contingency planning
- Emergency and disaster planning
- Dispute resolution

In addition to the Policy/Governing Board, it is proposed that a new quality assurance (QA) program with all south King County user agencies of ALS service be created. This QA mechanism would review aggregate data [to be determined later] from the ALS and BLS program operations and sentinel cases, in an attempt to improve the level of interaction between the paramedics, firefighter EMTs, hospitals and dispatchers. The participants at this proposed quarterly meeting could be physicians from surrounding hospitals and representatives from MPD, BLS, ALS, dispatch, and KCEMS. Data from this QA program could be provided to the national dataset, which would open up potential funding through the Fire Act Grant. The goal would be to improve the level of patient care at both the BLS and ALS level.

6. How does the alternative fit the EMS Strategic Plan?

The single agency approach is consistent with the EMS Strategic Plan, as it replaces a single provider with a single provider. Unlike the dual agency alternative, no approvals from the Trauma Council will be needed, as there is no increase in ALS providers. By establishing a Policy/Governing Board with member fire agencies, it is also consistent with the concept of the development of a consortium in South County, referenced in the 2002 plan update.

7. Describe changes, if any, in paramedic staffing levels and shift organization that are expected.

The proposed staffing is the same as in the dual fire service provider alternative. Each potential lead agency assumes the use of 4.5 FTEs per shift paramedic position (9 per unit) to make their pro-forma projections. Each of the agencies is also factoring the inclusion of 2 MSOs per shift and 2-day shift MSOs (for a total of 8 MSOs). For the purpose of financial projections, it is assumed that civilian administrative staff employed by KC Medic 1 will also transfer to the lead agency.

Shift and Hour Comparison	Current Model	If Kent is lead agency	If Federal Way is lead agency
24-hour shift schedule	Four Platoon	Three Platoon	Three Platoon
24-hour shift Paramedics (represented)	2496	2632	2496
24-hour shift MSOs (represented)	2496	2632	2496
40-hour shift schedule	5 day/wk	5 or 4 day/wk	5 or 4 day/wk
40-hour staff MSOs (represented)	2080	2080	2080
40-hour Administrative Assistants	2080	2080	2080
Paramedic and MSO FTEs	68 (MSA included)	71	71

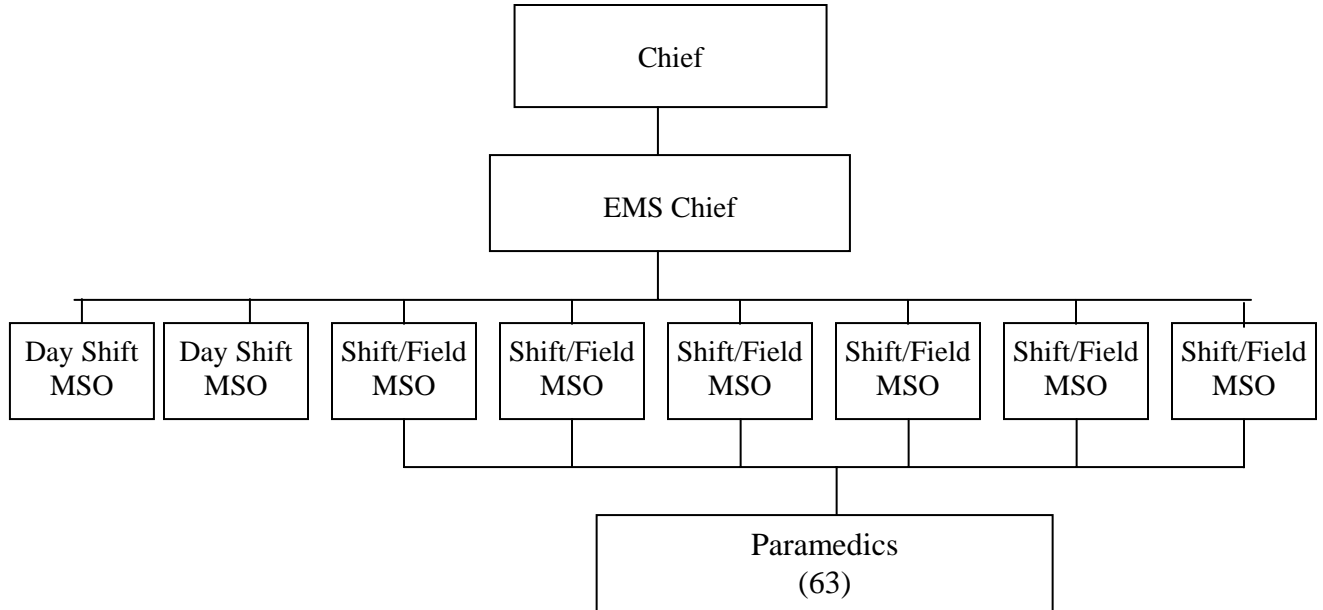
Both lead agency suppression staffs work a three platoon "Modified Detroit 56" 24-hour shift schedule. At Federal Way, the 24-hour shift suppression crew works 24-hours on, 24-off, 24-on, 24-off, 24-on and then four days off. Per our contract, each 24-hour employee is assigned a 24-hour shift off for each 6 shifts worked which equals 17.38 (24-hour) shifts off per year (exclusive of overtime). This cycle is repeated ad Infinitum.

At Kent, the 24-hour shift suppression crew works 24-hours on, 24-off, 24-on, 24-off, 24-on and then four days off. Per our contract, each 24-hour employee is assigned a 24-hour shift off for each 9 shifts worked, which equals 12 (24-hour) shifts off per year (exclusive of overtime). This cycle is repeated ad Infinitum.

A significant change in the amount of overtime will occur because fire departments have a 7(K) exemption from the Fair Labor Standards Act based on job classification. This exemption allows fire personnel to work up to a 53-hour work-week before they receive overtime compensations. Currently, King County is not exempt from FLSA compensation. The impacts of the 7(K) exemption will be illustrated in the pro-forma attachment.

8. Describe the proposed command and administrative structure.

Both potential lead agencies have strong leadership structures in place. If there is a single lead agency, whether it is Kent or Federal Way Fire Department, the command structure will be similar for both potential lead agencies:



At Federal Way Fire, the EMS Chief is an Assistant Chief and is a former paramedic. At Kent Fire, the EMS Chief is a Battalion Chief. Both positions currently exist and the MSA position in the current Medic program will not be transitioned. In addition to the field MSOs, day shift MSOs will also report to the EMS Chief. 2 MSOs on shift allows for increased supervision over the current system. (This is not an increase that Labor feels is needed.)

A concern of Labor is that the Kent EMS Chief position is not a paramedic. Paramedics believe that management of the program by a paramedic is desirable because there would be a greater understanding of the program requirements and challenges, as well as, paramedic activities.

In initial discussions, both Kent and Federal Way lean toward the establishment of a separate EMS Battalion similar to the way that Seattle Medic One operates their ALS program.

9. Describe the plan for continuing education and training for the paramedics. Highlight changes, if any, from the current.

We do not anticipate any significant changes to the training plan. The training model for each of the "regional ALS providers is unique." Training requirements are mandated by our Medical Program Director (MPD) who in turn works with Paramedic Training at Harborview Medical Center to provide the skills and didactic training that is necessary to maintain proficiency as a paramedic. We will meet or exceed the level of training that is required by the MPD.

Both potential lead agencies will explore the possibility of allotting the paramedics 50 hours of premium pay to attend the classes that are necessary for their certification.

Currently, the paramedic program in south King County uses a program called Grand Rounds Training. This is an effective model of training because it allows on-duty crews to go out of service for training while medic units staffed with overtime paramedics, if necessary, cover the primary medic unit's service area. Because the geographical area served is so large, this is the only way to effectively get paramedics the training they need on new equipment, safety, etc. and still maintain an adequate response time to patients.

One area that can be improved is the integration of paramedics into our Zone and departmental training. The GRT model could be used to support this type of training activity.

A transition issue related to training is the transition of paramedics to paramedic/firefighter positions. Within certain parameters to be negotiated, current paramedics will be trained from awareness to the Firefighter I level. All new paramedics will need to be trained to at least the Firefighter I level. The specifics of this process would be negotiated as part of transition

10. Describe how medical direction will be provided. Highlight changes, if any, from the current.

The King County Medical Program Director (MPD) sets the standard of care for our paramedics and community pursuant to RCW 18.71. The county's Medical Program Director then delegates his authority to a local program medical director (PMD) who in turn, "provides medical oversight for all aspects" of program medical competency. The MPD also chairs a county-wide Medical Directors Committee that is comprised of all the PMDs who provide medical oversight to the individual ALS programs. This committee discusses regional ALS and BLS issues in an attempt to assist the MPD with recommendations and guidance in the provision of EMS care within King County. Both potential lead agencies appreciate and support the:

- standard of care within King County,
- importance of participating in regional and local quality assurance programs, and
- necessity of clear and integrated medical direction by a single Program Medical Director.

11. Describe services, if any, to be provided, above the basic ALS contract with King County.

Services in addition to those contracted for through the King County ALS contract will be limited to those that can be provided within the unit allocation or for which additional reimbursement can be obtained. These services, including special events, will be evaluated on a case-by-case basis and may include extra training opportunities with our regional partners, and/or contractual relationships to provide special event coverage.

Specially assigned units will be funded through the ALS levy allocation, and will be used as needed during times of inclement weather and natural or manmade disasters, which affect travel routes and response times.

12. Describe, in overview, the long-term financial plan for sustaining the ALS service. Also provide any explanatory notes that will be useful in understanding the proforma.

Both agencies have adequate reserves for their current operations. Neither provider has the strength of a regional fund source like King County to support the paramedic program "above the levy allocation".

Sharing the potential budget shortfalls throughout this levy period and beyond with member agencies of the Policy/Governing Board is critical to the sustainability of a single fire agency as the ALS provider in south King County.

The long-term financial plan of the single fire agency provider depends on the ongoing ability to fund ALS via the King County EMS levy. The current EMS levy expires on December 31, 2007. At that time, our region must agree, especially cities in excess of 50,000 in population, to place another region wide EMS levy on the ballot. Kent and Federal Way are currently two of six cities (Federal Way, Kent, Shoreline, Renton, Bellevue and Seattle) that must agree on a countywide EMS levy. With more cities reaching the 50K population threshold, it will make the EMS levy planning and approval process more complex and the efforts to educate and align the cities' electeds more important than ever. As in previous levy efforts, KC EMS will coordinate a strategic planning process that includes all KC EMS agencies with the goal being the continuation of the current King County regional levy. This planning process also is used to establish the amount of money that needs to be collected to operate the system for six years.

Long term planning includes determining sufficient funding levels for ALS, BLS and Regional services; consideration being given to increasing the 6 year levy to either a 10 year or permanent levy; as well as considering additional services in areas where long response times are creating concerns. The permanent levy option was the one most desired by those who responded to the ALS Stakeholder Survey.

13. Describe the expected benefits and drawbacks, as a result of this change in provider, to:

The community...

Benefits

- It maintains and has potential to enhance care to the patients in south King County through such things as the addition of paramedics to the fire department workforce and higher level of supervision.
- It provides paramedics the option of retiring at 53 years old instead of 65 (current model). The benefits of a reduction of an aging workforce will take some years, but will eventually benefit both paramedics and citizens.
- Through the Policy/Governing Board and its member agencies, city electeds will have a greater understanding of and greater level of support for 100% EMS levy funding.
- It will allow the cities, through the Policy/Governing Board, to be a "part of the system" and to develop a larger role and responsibility in the provision of paramedic services to their constituents and neighbors.

Drawbacks

- City governments may be resistant to having employees of another city or fire district serve their residents. (This might be resolvable by the wording on the patch and units).
- Initially, as the transition occurs, there could be confusion that affects voter levy support.

Fire service in south King County...

Benefits

- There is a unified command and oversight of service delivery. In comparison to the dual agency alternative, less coordination will be needed to put back up or fill units in service or to fill unanticipated vacancies.
- Mechanisms can be designed to allow for multiple fire agencies to participate in the paramedic labor pool.
- Paramedics who choose to transfer out of the paramedic position will bring their paramedic experience to the basic life support engine or aid car.
- Ability to utilize firefighter paramedics in multiple FD roles (i.e.rehab at fires, haz mat scenes, etc.).
- There will be increased communication between paramedics and EMTs. Patient chart review, outcomes, treatment plans and care decisions can be discussed within a QA program that will stimulate an increase in EMT and paramedic skill.

Drawbacks

- In comparison to the dual agency alternative, there will be proportionately fewer positions available to paramedics who wish to transfer into another position or test for promotion.
- During transition, there may be some short-term cultural clashes as two types of agencies are combined. The changes will be greatest for the paramedics who will be changing culture, command structure, employer etc.
- Either potential lead agency would be greatly strained by the addition of the full ALS program. In both cases, the size of the department in terms of employees would increase by roughly 50% with the addition of paramedic and civilian staff. This would put increased demands on the command structure, training requirements, personnel management etc.

Paramedics in south King County...

Benefits

- From Labor's perspective, the single employer, in comparison to the dual agency alternative, offers better working conditions. Shift trades will be easier to arrange, and vacations will be easier to schedule. Paramedics will also be able to rotate in and out of high volume urban stations, and relatively low volume rural stations, as they do now, which is an important factor in maintaining paramedic skill levels and morale.

- Paramedics will be able to move under the LEOFF pension system with the potential of buying back service credit time. This alone will allow paramedics the opportunity, should they capitalize on it, to retire at age 50 or 53 under the LEOFF 2 system, as opposed to age 65 under the PERS system.
- Paramedics will be under the management of the fire service with a streamlined decision making process, unlike King County which has many areas of management and oversight to coordinate.
- In both the single and the dual fire service provider alternatives, paramedics will have new career track opportunities, without compromising their paramedic status.

Drawbacks

- Both potential lead agencies appreciate that any change to the current model will present employers and paramedics with challenges. Wages, hours and working conditions are a concern for paramedics and administrations and they must be resolved through proper negotiations. Other important issues such as medical culture, skills maintenance, and medical control must be discussed and resolved. The success of any change in the ALS system will rely on all parties working cooperatively to achieve common goals.
- From Labor's perspective, the 3-platoon shift in both the single and the dual fire service provider alternatives is a significant drawback. It will result in crews working together less than they do on a four-platoon schedule because of "K days" which will affect their ability to work well as a team, and make training more difficult. It can also lead to more medics being on than needed to staff units, on given days, which will result in a reduction of patient contact and skills.

The overall King County regional system (including regional services)...

Benefits

- There should be no discernable change in the provision of regional ALS services in south King County. Both potential lead agencies are committed to maintaining a high level of regional service throughout the Zone 3 region, and with regional partners.
- The lead agency and cities participating in the Policy/Governing Board have funding options that King County cannot provide. They also have the flexibility in applying more area specific funding to meet the needs of EMS care. In the long run, this ability may be important to secure funding for EMS within the region.
- All ALS providers in King County would be fire service agencies, which may simplify the coordination between regional partners.

Drawbacks

- In this alternative, one of the two largest ALS programs in the County will be provided and managed by a medium sized fire department. The only other program of the same or similar size is the City of Seattle's, which also has 7 units.